

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041108

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 531

Registrar's No. 2911

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 26 1962

VS 300
Rev. 4/59

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24000

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN University City

Length of stay in lb
1yr. 2 Mo.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Christian Old Peoples Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo.

b. COUNTY St. Louis

c. CITY
OR
TOWN Norwood Court

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location)
5347 Gladstone Ave.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

(Type or print)

John

M

Murry

4. DATE
OF
DEATH

Month

Day

Year

Oct.

7

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9/11/1880

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Engineer

10b. KIND OF BUSINESS OR INDUSTRY
American T.&T.

11. BIRTHPLACE (City and state or country)
Foster's Ohio

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Alexander Murry

13b. MOTHER'S MAIDEN NAME

Mary Kennet

14. NAME OF HUSBAND OR WIFE

Mrs. Anna M. Murry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Anna M. Murry 6600 Washington

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thromboses

INTERVAL BETWEEN
ONSET AND DEATH

Oct 5-62

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Cor Chitis

DUE TO (c)

Oct 7-62

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from July 62 to death

Death occurred at Oct 21/62 m on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her
him alive on Oct 7-62

22a. SIGNATURE

(Degree or title)

John A. Knight MD

22b. ADDRESS

8201 71st Broadway St. Louis

22c. DATE SIGNED

10-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

10/10/1962

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons 6175 Delmar

25. DATE RECD. BY LOCAL REG.

10-8-62

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

St. Louis 12, Mo

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Wm. Knight Sr.
8201 N. Broadway
Co. 1-8371

11:00 A.M. to 1:00 P.M.
3:00 P.M. to 4:00 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Allen Davis Jr.

Licensed Embalmer No. *4553*

P. O. Address

007-1962

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.